

<b>DELINEATION OF PRIVILEGES - NURSE PRACTITIONERS (<i>Pediatric</i>)</b> For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5440-R Must be Completed and Attached to this Form)		REQUESTED BY	DATE
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS CHIEF	
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		APPROVED REQUIRES QUAL. SUPRV. PER AR 40-48	NOT APPROVED
<b>Clinical Privileges (Check)</b>			
1. Outpatient Setting:			
	a. Routine physical examination.		
	b. Problem-specific physical examinations.		
	c. Prescribe and administer TAB approved medications ( <i>attach listing</i> ).		
	d. Initiate referral to other medical/nursing/social/community/nutritional services.		
	e. Health maintenance/disease prevention counseling.		
	f. Chronic disease counseling.		
	g. Immunization prescription/counseling.		
	h. Evaluation and treatment of hyperbilirubinemia		
2. Inpatient Setting:			
	a. Newborn Nursery admission, interim, and/or discharge physical examination.		
	b. Perform Dubowitz testing.		
	c. Evaluation and treatment of hyperbilirubinemia.		
	d. Infant care: Counseling per infant status/expected changes/home care/follow-up care/well-baby appointments.		
	e. Referral to other health care services.		
<b>Diagnosis or Treatment (Attach Protocols)</b>			
1. HEENT:			
	a. Dacrostenosis		
	b. Otitis media/Otitis externa/Serous otitis		
	c. Conjunctivitis		
	d. Oral Candidiasis		
	e. Upper Respiration Infection		
	f. Sinusitis		
2. Respiratory:			
	a. Laryngotracheobronchitis/Viral Croup		
	b. Pneumonia		
	c. Bronchitis/Bronchiolitis		
	d. Reactive Airway Disease		
3. Gastrointestinal:			
	a. Colic		
	b. Lactose Intolerance		
	c. Constipation		
	d. Diarrhea		
	e. Intestinal parasites		
	f. Encopresis		
	g. Obstipation		

PRIVILEGES		APPROVED REQUIRES QUAL. SUPRV. PER AR 40-48	NOT APPROVED
4.	Genito-Urinary		
	a. Urinary tract infection.		
	b. Labial fusion.		
	c. Primary Enuresis.		
5.	Musculo-Skeletal		
	a. Metatarsus Adductus/Abductus.		
	b. Sprains.		
6.	Dermatological		
	a. Impetigo.		
	b. Candidiasis.		
	c. Tinea.		
	d. Eczema/Atopic Dermatitis.		
	e. Seborrhea.		
	f. Acne Vulgaris.		
	g. Parasitic infections..		
7.	Nutritional		
	a. Obesity.		
	b. Iron Deficiency anemia.		
	c. Slow Weight Gain.		
8.	Communicable Diseases/Infectious Diseases		
	a. Mumps.		
	b. Rubella.		
	c. Rubeola.		
	d. Varicella.		
	e. Scarlet fever.		
	f. Erythema infectiosum.		
	g. Roseola.		
	h. Pityriasis rosea.		
	i. Pertussis.		
	j. Herpes.		
<b>Diagnostic Procedures (Check)</b>			
	a. Order lab tests.		
	b. Order radiologic studies without dyes.		
	c. Order EKGs.		
	d. Collect culture and smear specimens.		
	e. Administer Developmental Testing.		
<b>Miscellaneous (Check)</b>			
	a. Developmental delay.		
	b. Failure to thrive.		
	c. Dysmorphia.		
<b>Others (Specify)</b>			

PERIOD		DATE		STATEMENT FACILITY		
FROM	TO	PRIVILEGES PERFORMED BY				
RATED BY						
TITLE						
PRIVILEGES			RECOMMENDATIONS BY DEPT SVS CHIEF			
Privileges evaluation will be based on thorough appraisals of clinical performance.			ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL EDUCATION
<b>Diagnostic Procedures (Check)</b>						
	a. Order routine lab tests.					
	b. Order radiologic studies without dyes.					
	c. Order EKGs.					
	d. Collect culture and smear specimens.					
	e. Administer Developmental Testing.					
	f. Other (Specify)					
<b>Miscellaneous (Check)</b>						
	a. Developmental delay.					
	b. Failure to thrive.					
	c. Dysmorphia.					
<b>Others (Specify)</b>						

COMMENTS (Borderline and unacceptable retings will be addressed) (Use reverse if needed.)

RATER'S SIGNATURE

DATE